

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033929

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

1001

FILED SEP 24 1962

VS 300  
Rev. 4/59

1 128

2 8030

3

4 0

5 1

6

7 1

8 2

9 4200

10

11

12 5-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN POPLAR BLUFF

Length of stay in lb  
138 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION VA HOSPITAL

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE ARKANSAS b. COUNTY CLAY

c. CITY OR TOWN PIGGOTT, RT.#1

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
RT.#1

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

WARREN

First Middle Last

NMI

UNDERWOOD

4. DATE OF DEATH

SEPTEMBER

8

1962

5. SEX  
MALE

6. COLOR OR RACE  
WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
4-14-96

9. AGE (last birthday)  
66

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
FARMER

10b. KIND OF BUSINESS OR INDUSTRY  
AGRICULTURE

11. BIRTHPLACE (City and state or country)  
PIGGOTT, ARKANSAS

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

FRANCIS UNDERWOOD

13b. MOTHER'S MAIDEN NAME

AMELIA WARREN

14. NAME OF HUSBAND OR WIFE

MINNIE UNDERWOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WWI

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH  
SEVERAL YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (b)  
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from APRIL 23, 1962 to SEPT. 8, 1962 and last saw her alive on 11:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert S. Cohen  
ROBERT S. COHEN, Chief Medical Service

22b. ADDRESS

VA HOSPITAL, POPLAR BLUFF, MO.

22c. DATE SIGNED

9-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
9-10-62

23c. NAME OF CEMETERY OR CREMATORY  
Piggott Cemetery

23d. LOCATION (City, town, or county)  
Piggott, Arkansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lloyd Russell Piggott, Arkansas

25. DATE RECD. BY LOCAL REG.

9-22-1962

26. REGISTRAR'S SIGNATURE

Thelma Graham

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gerald W. Fitzgerald

Licensed Embalmer No. 1116 Ark

P. O. Address Fayetteville Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.